0322600333

UNOFFICIAL COPY

JOINT TENAN	ICY	AFFID.	A٧	IT!
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STATE OFILLIN	OIS	_)		
COUNTY OF	COOK))		
There	sa A. Corco	oran ,		
hereby referred to as the affiant, states under oath that the affiant resides at				
6130 W. 63rd	l Place			
In the City of Chi	cago			
State of Illinois ;				
that the affiant was acquainted with				
	an Corcorar			
the decedent; at				
decedent was one of the cwners of property,				
by virtue of a	proper y record	ed joint		
tenancy deed, sa				
Cook	Cour hy	State of		
aog a Illin	ois an	d legally		
described as follow				
	CALLED PLANTS OF STREET	~J		



Doc#: 1127212153 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/29/2011 11:18 AM Pg: 1 of 3

Lot 34 in Block 8 in F. H. Bartlett's Chicago Highlands in the Northwest 1/4 of Section 20, Township 35 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on _____ December 18, 1999 ____, leaving no/a last will and to stament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 150,000.00 that the value of the above property individually was \$ \(\left(00,000.00 \)

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedenc's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy control insurance on the above described property.

Property Address: 6130 W. 63rd Place

Chicago, Illinois 60638

Permanent Tax No: 19-20-102-034-0000 v. 398

P 3 S N SC 1

 Fine Guaranty Fund and Figure Rd., ST Process

1127212153 Page: 2 of 3

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Stee	phen Corcoran , the decedent;
 State Estate/Inheritance Tax and Federal Estate Tax that m Legacies, if any, created by the will of said decedent; 	ay be charged against the estate of said decedent;
4. Rights of contribution.	
	Theresa A. Corcoran (Seal
O _	(Seal
Subscribed and swum to before me this	
9th day of Sentember 2011	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
day of Sentember. 2011	OFFICIAL SEAL
(Year)	JOHN W O'ROURKE NOTARY PUBLIC - STATE OF ILLINOIS
	MY COMMISSION EXPIRES:01/26/12
(Notary Public) - 3	
Note: If the decedent left a will it will be seen the	and the second s
inspection. A death certificate, together with evidence of pays	at the original or certified copy thereof be presented to ATG for
	some of seem takes, it any, should accompany this amount.
C	
This instrument prepared by:	O Part
	Return to:
John O'Rourke	John O'Rourke
(Name)	(Name)
4239 W. 63rd Street	4239 W. 63rd Street
(Address	
Chicago II cocoo	
	(Address)
Chicago, IL 60629	(Address) Cnicago, IL 60629
(City, State, Zip)	4

CITY OF CHICAGO TEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR on Ran

MAL SECHRITYMINIAGED CONDITIONS, IF ANY WHICH GIVE RISE TO WHEDIATE CAUSE (a) TATING THE UNDERLYING AUSE LAST. NATE OF OPERATION, IF ANY ART II. IDENCE (STREET AND NUMBER) ASED-NAME ISTERED esulting in death) mmediate Cause (Fina ORMANT'S NAME (TYPE OR PRINT HPLACE (CITY MOSTATE OR NAME AND ADDRESS OF CE HER-MAME TY OF DEATH FUNERAL HOME NAME OF ATTEMOING PHYSICIAN IF O TOWN, TWP, OR ROAD DISTRICT NUMBER FUNERAL DIRECTOR'S SIGNATURE SIGNIT アイクシャ ease or condition THE BEST OF MY KNOWLEDGE, DEATH O COUNTED AT THE THE PARTY 6130 W. ひァラ Treves ? SIGNATURE > Other significant conditions contributing to death but not resulting in the underlying cause given in PART. LIDALAS 5.10 STEPHEN STRAPES ST 0 30 0,000,0 111/2majour いいつ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or relief to yarrest, shock, or heart failure. List only one cause on each line. BENUAE! Orcora M DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF 0 MIDDLE from Wasserm Wo Simil MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11a. YIR INC W USUAL DCCUPATION MAJOR FINDINGS OF OPERATION ETERY OFICEREMATORY-NAME MARCIED (Y) 12 C MEDICAL CERTIFICATE OF DEATH 5 (MONTH, DAY, YEAR) RACE (WHITE, BLACK, AMERICAN tractant, AGE-LAST BIRTHOAY (YRS) 5a. 78 HOSPITAL OR OTHER INSTITUTION, NW pulchra MIDOLE 6130 perueni) ひといい STREET AND NUMBER OR R.F.D. ST 136. CITY, TOWN, TWP, OR ROAD DISTRICT NO. MAYWOOD ILLINOIS 60153 me 3 WOS DAYS 5160 0x2240 RSM CORCORAN NAME OF SURVIVING SPOUSE (MADENNAME, IF WIFE) KIND OF BUSINESS DAINDUSTRY

Chickoc Tubell C

11b. S (110015 6311 VLACE heresa SOUTH FIRST AVENUE small cell OF HISPANIC ORIGIN? (SPECIFY NO OR YES, IF YES, SPECIFY CUBAN, MISKING, PULHTO RICAN, AL.) 246 LOCATION MOTHER-NAME **1** 79015 ME (IF NOT IN EITHER, GIVE STREET AND NUMBER) THE JOINT CAUSEUS STATED WORTH MAILING ADDRESS (STREET AND NO OF R.E. D Ž 120 m 0310 FLLCOM 100 2.Male Kinu 112 cg CITYORTOWN STATE FIRST DATE OF BIRTH (MONTH, DAY, YEAR) Sd. October 4 こくない のri++In ĺ INSIDE CITY SPECIFY DATE OF DEATH (MONTH, DAY, DEC 2 3 DECEMBER 18, RAL DIRECTOR'S ILLINOIS LICENSE NUMBER 0000000 (YESANO) Circilano M ry HOUR OF DEATH DATE SIGNED 21c. ĺΟα ILLINOIS LICENSE NUMBÉR 20036054349 SECTION SO ISSUE C. YOR TOWN STATE, ZIP 80/DM+ YES 🗆 WAS THERE A PREGN 9 £ 300 24d Decreto Devisor DATE 2 (AIDEN) ₹ □ APPROXBANTE BITERVAL BETWEEN ONSET AND DEATH 1999 EN ON MEDICAL EXAMENER אל 1031314 (MONTH, DAY, YEAR) MONTH, DAY 60cb 52 C K YEAR 1949 THE CITY OF CHICAGO, DO HEREBY BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF REGISTRAR OF VITAL STATISTICS OF THE RECORDS OF BIRTHS, STILLBIRTHS SHEET IS A TRUE COPY OF A RECORD THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF SHEILA LYNE, RSM, LOCAL LAW AND ORDINANCES KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

STATE OF ILLINOIS CITY OF CHICAGO

ISTRATION RICT NO.

STATE OF ILLINOIS

STATE FILE

1127212153 Page: 3 of 3